

CORRESPONDENCE.

WATSON'S LECTURES ON PHYSIC.

SIR,—Will you allow me to say, in reply to the question of a Student in the last number of the JOURNAL, that it is my wish and full intention, if life and strength shall permit, to publish a new edition of my Lectures, the last edition being now well nigh exhausted.

I am, etc., THOMAS WATSON.

16, Henrietta Street, Cavendish Square, W., Jan. 3, 1868.

THE SURGICAL TREATMENT OF CANCER.

MR. C. H. MOORE has been favoured with the following letter from Mr. John Adams, surgeon to the London Hospital, and begs leave to send it, with compliments, to the editor of the BRITISH MEDICAL JOURNAL.

"I have been reading just now your valuable paper on Cancer, published in the current year's number of the *Medico-Chirurgical Transactions*. I fully agree in the opinions expressed therein; and I should not have troubled you with this, had not a patient of mine died the week before last, on whom I operated eleven years ago for cancer of the left mamma, and in which case there are some points which bear upon your paper.

"I operated, in consultation with Mr. Hollis, in April 1856, at Brighton, on a single lady, whose age was supposed to be about forty-eight. There was no doubt about the nature of the tumour, which occupied the centre of a well-developed but not a large mamma. The case was one most favourable for the operation, as the nipple was not retracted, and the mamma was only loosely connected to the subjacent pectoral muscle. The general health was good, and there was no apparent glandular complication. The wound healed favourably, and I heard of no complaint until May 1861, when I was requested to see the patient, in consequence of a tumour in the corresponding axilla. I found this space filled with hard glands of varied size, generally isolated; but there was one mass formed of agglomerated glands, in close contiguity to the axillary vessels. There was no complication of glandular enlargement either below or above the clavicle. I therefore cut freely into the axilla, and turned out with great facility every loose gland I could find, whether cancerous or not; and tied with a double ligature the mass adherent to the vessels, and cut them away, leaving the ligatured pedicle to be separated by sloughing. I could not with the greatest care detect a single gland, diseased or sound, in the axillary space. Her recovery was rapid. I occasionally saw her; but she was quite well, as far as I could judge.

"About a year and a half ago, I was again asked to see her; and I then found a small tumour at the back of the axilla, firmly adherent to the fourth rib. There was also a *tumefaction* (I use the term advisedly, in preference to a *swelling*) below the clavicle and above this bone, extending deeply into the anterior inferior triangle of the neck, and firmly adherent. She was quite willing that I should operate again; but I declined this, as I felt that I could not satisfactorily remove either tumour. The case was therefore left; and the result was, that the axillary tumour increased to the size of an orange; and the other tumour also increased, becoming more adherent. Hectic supervened, with cough, indicative of thoracic disease, possibly in the intercostal glands; and she sank, with no extraordinary suffering, the week before last, eleven years and eight months from the first operation.

"I ought not to omit to mention, that the cicatrix, and all the tissues around the part whence the breast had been removed, continued quite free from any unusual adhesions, and in a most perfectly healthy state. There was no examination of the body after death."

PREVENTIVE MEDICINE: A QUESTION FOR 1868.

SIR,—The issue of a medical tariff is seasonable; and that of the Sydenham District Medical Society (December 14th) is a step in the right direction. You draw special attention to the fact that no mention is made of payment for physic, and that this omission is intentional. This is well. There is also a very important distinction made in it between an "ordinary" and a "special" visit, and a "night" visit. This implies considerateness, which is an element of great value in any acknowledgment for professional service. Nevertheless, the tariff as a whole is defective. It is behind the age. It is an improvement on—"For medicine and attendance [mark the order]. Particulars if required." But it is still very defective as a manifesto of what the medi-

cal profession is capable of doing for the public. Consider in the abstract what is the function of the medical profession:—that is, what it is that, in the present state of medical science, doctors may reasonably be expected to perform, if free to follow their true professional instinct. Their first and last endeavour would be to prevent disease; to prevent that which is preventable, and to remove that which exists, whenever and wherever it may be found, as quickly, as thoroughly, and with as little inconvenience and suffering to the patient and to the public as is possible. Even in effecting cure, they would act with a view to the chief end of their professional existence, and would take all possible care to make the public understand that they think their duty is not complete until the painful and costly experience of the past has paid its tribute, more or less directly, to that end—the prevention of disease.

Consider how little the present system of dealing with the public—even with the Sydenham improvements—is adapted to this ideal. Prevention is entirely ignored; even cure is barely provided for. This is a very serious matter. Defective and perverted function is inseparable from defective or faulty organisation. In other words, preventive medicine requires a preventive tariff. We ought not, therefore, to be content with aiming at the abolition of "payment per bottle." "Payment per visit," that is, for all ordinary visits, should be abolished too. All ordinary visits should be included in an annual sum. This is common in many countries nearer home than the oft-quoted China, where (it is said) the emperor pays his physician when he is well, pays nothing when he is ill, and orders that when he dies the doctor is to be beheaded. The Registrar-General, in the twenty-first annual report, invites the public in London to pay per annum instead of the present plan of paying "often only in proportion to the quantity of medicines taken" (p. xlii.) Unfortunately, he did not perceive the necessity of restricting this annual sum to ordinary visits, and of leaving a margin for exceptional service. This modification is essential in making it acceptable either to the profession or to the public.

Let as much as possible, the more the better, be included in the annual sum; but not everything. The annual sum should include in the first place, all such health-questions and preventive measures as may be discussed at the doctor's house, and at an hour of the day usually convenient for him to be "at home." More than this, it might cover all such visits to patients at their own houses as may be notified at or before a certain early hour of the day on which the visit is desired. Extraordinary services would then be sudden calls to come "immediately," or at some definite time fixed by the patient, as in case of accident, or sudden seizure, or for an operation, or for consultation. In this way, consideration for the doctor, and for other patients, would do away with the natural and very proper professional antipathy to "anything like a contract." On the other hand, it would make it possible to extend the system to people of limited means, to whom, on the principle of insurance, an arrangement to pay a definite sum would be peculiarly acceptable.

Your space forbids me to follow out this train of thought into other departments—into consultation and special practice on the one hand, or into hospital, club, or even pauper practice, on the other. I must simply conclude these remarks on family practice, by commending them to the consideration especially of those who are entering the profession, and of those who wish to withdraw from the dispensing department, and generally of the whole profession, as being calculated to raise its status immeasurably, both in its own estimation and in the eyes of an intelligent and discriminating public.

I am, etc., WILLIAM OGLE, M.A., M.D. Cantab.

Derby, December 1867.

REMUNERATION OF MEDICAL OFFICERS OF CLUBS.

SIR,—The profession is much indebted to Dr. Heslop for inaugurating the subject of remuneration of medical officers of clubs; to the Birmingham and Midland Counties Branch of the Association and its Committee for their valuable report, which you published in full in the JOURNAL for December 28th, 1867; and to yourself and the JOURNAL, for assisting so energetically in ventilating the subject. Every medical man is more or less interested in the result of this agitation, as increased remuneration for medical attendance upon clubs would indirectly benefit the whole profession. Let the working classes estimate medical services at a higher value, and the upper classes, and, I may add, the Government, will follow suit.

The sentence in the Committee's report which recommends "surgeons in every town and village to unite together for the purpose of enforcing attention to their just demands," is one upon which very much depends, and to which the profession should give its best attention. "Union is strength"; let "Cor unum via una" be our motto in this matter; and medical clubs would soon be compelled to give proper re-